FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)		
	· · · · · · · · · · · · · · · · · · ·		Office use only
NAME OF COMMITTEE (in f		nple: If typying, type the lines	12FE4M5
HUCKABEE FO	DR PRESIDENT, INC.		
		<u> </u>	
ADDRESS (number and s	ctreet) C/O JPMS Cox, PLLC		
(Obsale if address	11300 Cantrell Road, Suite 3	3 01	
X (Check if addre	Little Rock		AR 72212 - 1
	CITY▲	5	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAII			
webmaster@m	ikehuckabee.com		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
www.MikeHuc	kabee.com		
COMMITTEE'S FAX N	IMPED		
COMMITTEES FAX IN	UNIDER		
سا لسا			
2. DATE 0 9	/ D D / Y Y Y Y Y Y Y Z 0 0 7		
3. FEC IDENTIFICATION	TION NUMBER C C00	431809	
4 10 71110 0747514	ENT NEW (N) OR X	AMENDED (A)	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and	d belief it is true, correct and	complete
Type or Print Name of	Treasurer Mr. Bryan Jeffrey		
Signature of Treasurer	Electronically Filed by Mr. Bryan Jeffrey	D	nate 0 3 / 0 1 9 / 2 0 0 8
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the		·
Office Use		For further information co Federal Election Commissio	ntact: FEC FORM 1
Only FE3AN042.PDF		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Mike Huckabee Candidate	
	Candidate Party Affiliation REP Office Sought: House Senate X President	State District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the (e) This committee is a separate segregated fund	Democratic, Republican,etc.) Party.
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	None	
L		
	Mailing Address	
	CITY ≜ STATE ♣	ZIP CODE
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	Membership Organization Trade Association Cooperative	

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Write or Type Cor	mmittee Name					
HUCKABEI	E FOR PRESIDENT,	, INC.				
	Records: Identify by of Committee books	y name, address, (phone nun and records.	nber optional), and posi	tion of the	e person in	
Full Name	Mr. Bryan Jei	ifrey				
Mailing Addres	SS	11300 Cantrell Road				
		Suite 301				
		Little Rock	AR	<u> </u>	72212 _	
Title or Position	n ∀	CITY A	STAT	EA	ZIP COL	DE A
	Treasurer		Telephone number	501	_ 227 	5800
		ldress (phone number optic lated agent (e.g., assistant tre		e commit	tee; and the	
Mailing Addres	ss	11300 Cantrell Road				
		Suite 301				
		Little Rock	AR	<u> </u>	72212 _	
Title or Position	n ♥	CITY A	STAT	E▲	ZIP COI	DE A
	Treasurer		Telephone number	501		5800
Full Name of Designated Agent	Cale Turner					
Mailing Addres	SS	11300 Cantrell Road				
		Suite 301				
		Little Rock	AR	<u> </u>	72212 –	
Title or Position	n ♥	CITY A	STAT	E 🛦	ZIP COD	EA
	Assistant Treasu	ırer	Telephone number	501	_ 227 _	5800

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9.	Banks or Other Do safety deposit boxe	epositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents s or maintains funds.
	Name of Bank, Dep	pository, etc.
		Delta Trust & Bank
	Mailing Address	11700 Cantrell Road
		Little Rock AR 72222
		CITY A STATE A ZIP CODE A
	Name of Bank, Dep	pository, etc.
		Twin City Bank
	Mailing Address	P.O. Box 16270
		North Little Rock AR 72231
		CITY A STATE A ZIP CODE A